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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 05/23/2016

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Physical Medicine And Rehab

Description of the service or services in dispute:

Fentanyl Patch 100mcg #15

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a male with a diagnosis of chronic pain due to trauma, adjustment disorder with mixed anxiety and depressed mood, intervertebral disc disorder with radiculopathy to the lumbosacral region, cervical disc disorder with myelopathy to the cervicothoracic region, pain in left leg, and pain in right shoulder. He presented on XX/XX/XX with complaints of pain to the low back and neck. He indicated his pain was made better with medication though reports that his pain was continuous and awakens him from sleep. He indicated that his pain radiated from his neck to his right upper extremity with associated tingling and numbness as well as weakness to the right shoulder. The patient also indicated that his low back pain radiated to the left lower extremity with associated numbness and tingling. Medications included gabapentin, Skelaxin, ibuprofen, Tylenol, fentanyl 100 mcg and 25 mcg, Arthrotec, and topical analgesics. Upon physical examination, it was documented the patient rated his pain as 10/10. Deep tendon reflexes were within normal limits as was sensation. Motor strength was decreased measuring 4+/5+ to the cervical spine. In regard to the lumbar spine, deep tendon reflexes were within normal limits and he had a positive straight leg raise. Range of motion was restricted to the right upper arm. It was documented that a urine drug screen was performed to assess for illegal substances and compliance of prescribed medications. The results were not provided, however.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

According to the referenced literature, fentanyl patches are utilized to treat severe pain in those that require pain medication around the clock and who cannot be treated with other medications. It is also recommended that the 4 A's for ongoing monitoring be utilized to warrant ongoing use of opioids, such as fentanyl. The 4 A's for ongoing monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The documentation submitted for this review indicated the patient had complaints of severe pain that he rated 10/10. However, there was no documentation noting pain and ADLs with and without the use of this medication and the results from the urine drug screen were not provided to determine medication compliance. As such, the determination is upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)